

**Idaho Medicaid**  
**BUREAU OF LONG TERM CARE**  
**Provider Training**

# Meet the Quality Assurance Team

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- ◎ Chris Barrott, Program Specialist/QA Manager
- ◎ Alexandra Fernandez, Alternative Care Coordinator
- ◎ Quality Improvement Specialists
  - Tatiane Schmid RN (East Hub, Regions 5,6,7)
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# AGENDA

- ⦿ Partnership between Idaho Department of Health and Welfare (IDHW) and Providers
- ⦿ Person Centered Service Plan Development  
Back up plans, Risk Factors, Community Supports, Goals and Outcomes
- ⦿ Training Resources
- ⦿ Agency Reviews
- ⦿ What's New!
- ⦿ Questions & Answers

# Why have Web Based Training?

## ◎ YOU SPOKE AND WE LISTENED!!

- ◎ Consistency: Web based training offers an avenue for all providers to receive the same training and hear the same message.
- ◎ Opportunity: Provider training schedules offered at multiple times to assure you have the opportunity to receive the training.

# Partnership for Participants

## ◎ Definition of Partnership

- 1. The state of being a partner; participation
- 2 a. A legal relation existing between two or more persons contractually associated as joint principals in a business
  - b. The persons joined together

• Merriam-Webster

# Importance of Partnership

## ◎ Our common goals:

- Consistent, safe, and equitable delivery of authorized services to our most vulnerable clients for them to remain as independent as possible, while their needs are being met
- Consistency in communication
- Consistency in expectations set by Idaho Administrative Procedures Act (IDAPA) Rule, Provider Agreement and Provider Additional Terms
- Consistency in meeting those expectations

# SERVICE PLAN

*FORMERLY CALLED NSA*

## DEVELOPMENT & MONITORING



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graph LR; A[UAI] --> B[Service Plan]; B --> C[Service Delivery]
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UAI

Service  
Plan

Service  
Delivery

Uniform Assessment Instrument (UAI) is a set of standardized criteria adopted by the Department of Health and Welfare to assess functional and cognitive abilities. 16.03.23.10.09

# Personal Care Services/Attendant Care

State Plan Personal Care Services &  
Aged & Disabled Waiver Services





# Personal Care Services

## State Plan and Aged and Disabled Waiver.

IDAPA 16.03.10.302.03 and IDAPA 16.03.10.301.03

302.03 State Plan Option-A participant who receives medical assistance is eligible for PCS under the State Medicaid Plan option if the Department finds he requires PCS due to a medical condition that impairs his physical and or mental function or independence.

301.03 Personal Care Services (PCS)-A range of medically oriented care services related to a participant's physical or functional requirements, and are provided in the participant's home or personal residence but do not include housekeeping or skilled nursing care.

# Attendant Care

## Aged and Disabled Waiver IDAPA 16.03.10.326.05

326.05 Attendant Care-Services provided under a Medicaid Home and Community-Based Services waiver that involve personal and medically oriented tasks dealing with the functional needs of the participant and accommodating the participant's needs for long-term maintenance, supportive care, or activities of daily living (ADL). These services may include personal assistance and medical tasks that can be done by unlicensed persons, or delegated to an unlicensed person by a licensed health care professional or the participant. Services are based on the participant's abilities and limitations, regardless of age, medical diagnosis, or other category of disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cueing to prompt the participant to perform a task.

# Personal Care Services and Attendant Care

Client needs assistance with any of the following areas:

Eating Meals	Toileting
Mobility	Transferring
Personal Hygiene	Dressing
Bathing	Night Needs
Emergency Response	Medication

## Eating Meals

- What type of assistance will the client need?
- How will the caregiver assist with this task?
- What can the client do for self?
- Is there any Natural Support that will assist, and if so when?
- How often will the assistance be needed?

## Toileting

- What type of assistance will the client need?
- Is there any special equipment to be used to assist the client in toileting?
- How will the caregiver assist with this task?
- What can the client do for self?
- Is there any Natural Support that will assist, and if so when?
- How often will the assistance be needed?

## Mobility

- What type of assistance will the client need?
- Is there any special equipment to assist that the client needs to help with mobility?
- How will the caregiver assist with this task?
- What can the client do for self?
- Is there any Natural Support that will assist, and if so when?
- How often will the assistance be needed?

## Transferring

- What type of assistance will the client need?
- Is there any special equipment to assist that the client needs to help with transferring or repositioning?
- How will the caregiver assist with this task?
- What can the client do for self?
- Is there any Natural Support that will assist, and if so when?
- How often will the assistance be needed?

## Personal Hygiene

- What type of assistance is required from the caregiver?
- How will the caregiver assist?
- What part of the task can the client do for self?
- Is there any Natural Support that will assist?
- What is the frequency for Personal Hygiene?
- Is a LP needed for Nail Care?

## Dressing

- What type of assistance will the client need?
- Are there any special supports or protective devices?
- How will the caregiver assist with this task?
- What can the client do for self?
- Are there any Natural Supports that will assist, and if so when?
- How often will the client need assistance?

## Bathing

- What type of assistance will the client need?
- Are there any special supports or protective devices?
- How will the caregiver assist with this task?
- What can the client do for self?
- Are there any Natural Supports that will assist, and if so when?
- How often will the client need assistance?

## Night Needs

- What type of assistance will the client need?
- How will the caregiver assist with this task?
- What can the client do for self?
- Are there any Natural Supports that will assist?
- How often will the client need assistance?

## Emergency Response

- What type of assistance will the client need?
- How will the caregiver assist with this task?
- What can the client do for self?
- Does the individual have a Personal Emergency Service Device?
- Are there any Natural Supports that will assist?
- How often will the client need assistance?

## Medication

- What type of assistance will the client need?
- How will the caregiver assist with this task?
- What can the client do for self?
- Are there any Natural Supports that will assist?
- How often will the client need assistance?

# Non-Medical Services





# State Plan

## Non-Medical Care and Services

IDAPA 16.03.10.303.02

**303.02. Non-Medical Care and Services-**PCS services may also include non-medical tasks. In addition to performing at least one (1) of the services listed in Subsections 303.01.a. through 303.01.f. of this rule, the provider may also perform the following services, if no natural supports are available: (3-29-10)

**303.02.a.** Incidental housekeeping services essential to the participant's comfort and health, including changing bed linens, rearranging furniture to enable the participant to move around more easily, laundry, and room cleaning incidental to the participant's treatment. Cleaning and laundry for any other occupant of the participant's residence are excluded. (3-19-07)

**c.** Shopping for groceries or other household items specifically required for the health and maintenance of the participant.



# Homemaker Service



# Aged and Disabled Waiver

## Homemaker Services Definition.

IDAPA 16.03.10.326.10

326.10. Homemaker Services-Homemaker services consist of performing for the participant, or assisting him with, or both, the following tasks: laundry, essential errands, meal preparation, and other routine housekeeping duties if there is no one else in the household capable of performing these tasks.

# Access Transportation

(IDAPA 16.03.10.326.04)

- What assistance will the client need for non-medical transportation to gain access to waiver and other community services and recourses?
- How will the caregiver assist with this task?
- In what way is the client able to assist?
- Are there any Natural Supports that will assist?
- How often will the client need assistance?

# Housework

- What areas of housework does the client need assistance?
- In what way is the client able to assist?
- How will the caregiver assist with this task?
- Are there any Natural Supports that will assist?
- When will those tasks be performed and/or how often?

# Laundry

- What part of the laundry task is needed by the client?
- In what way is the client able to assist?
- How will the caregiver assist with this task?
- Are there any Natural Supports that will assist?
- When is this task to be performed and/or how often?

# Preparing Meals

- What assistance will the client need to help prepare a meal, and or snack?
- How will the caregiver assist with this task?
- Are there any Natural Supports that will assist?
- Does the client receive Home Delivered Meals
- When is this tasks to be performed and/or how often?

# Shopping

- What assistance will the client need?
- How will the caregiver assist with this task?
- Are there any Natural Supports that will assist?
- When is this tasks to be performed and/or how often?

# Homemaker Services

*(These services are for the client only; not for any other Member of the household)*

## Housework



- Dusting and straightening furniture. Light furniture may be moved to complete jobs (i.e. dining chairs, small objects, etc.)
- Cleaning floors and rugs by wet/dry mop, vacuum, and/or sweeping
- Cleaning the kitchen, including washing dishes, washes pots and pans
- Cleaning outsides of appliances/counters/cabinets
- Cleaning the bathroom, including tub, sink, shower, toilet bowl, and emptying and cleaning of the commode/urinal
- Changing linen and re-make beds
- Removing trash from home

## Laundry



- Washing clothing and linens for participant only
- Drying, folding and putting away clothing and linens for participant only
- Minor clothing repair when necessary

## Meal Preparation



- Planning basic nutritional meal as well as any planning for any special dietary need
- Assist or prepare a meal for a participant
- Make a snack for participants that cannot do so independently
- Heating meals for a participant if directed on the service plan

## Shopping



- Assist participant with making a grocery list
- Getting items off of shelves
- Putting groceries and products away

# Community Supports and Other Services

IDAPA 16.03.10.301.02; IDAPA 16.03.10.317.01 & IDAPA 16.03.10.320



# Community Supports and Other Services

IDAPA 16.03.10.301.02

- **301.02 Natural Supports-** Personal associations and relationships that enhance the quality and security of life for people, such as family, friends, neighbors, volunteers, church, or others.

# Community Supports and Other Services

## IDAPA 16.03.10.317.01

- 317. Home and Community Based Person Centered Service Plan Requirements-All person-centered service plans must reflect the following components:
- 317.01. **Services And Supports-** Clinical services and supports that are important for the participant's behavioral, functional, and medical needs as identified through an assessment

# Community Supports and Other Services

IDAPA 16.03.10.320

- 320. *Idaho's elderly and physically disabled citizens should be able to maintain self-sufficiency, individuality, independence, dignity, choice, and privacy in a cost-effective home-like setting. When possible, services should be available in the consumer's own home and community regardless of their age, income, or ability and should encourage the involvement of natural supports, such as family, friends, neighbors, volunteers, church and others.*

## Habilitation Needs and Special Equipment

- How are participant's special needs for physical/emotional disability or impairment being met?
- This could include: Therapies, home adaptation, or special equipment.
- Special equipment could include: Wheelchairs, walkers, canes, hearing aides, orthopedic supports, glasses, dentures, etc.

## Behavior Management/Interpersonal Needs

- Does the participant utilize community services such as, day treatment, sheltered workshop programs, case management, targeted service coordination, etc., as it relates to behavioral management?
- Is there a behavior management plan?
- Does the participant have psycho-social-cognitive areas addressed per UAI that may need interventions or a plan in place to guide caregiver services and cares provided?  
If yes, a behavior management plan may be developed by agency RN.

## Community Supports System/External Services

- What are the participant's community support systems/external services?
- Does the participant have services such as day treatment, sheltered workshop programs, financial, or legal services, vocational training, case management, targeted service coordination, transportation, etc?
- It can also be included in this area: family support, physicians, attorneys, social workers, Church membership, etc.
- List contact name and number.

## General Medical Needs/Conditions

- What are the general medical needs/conditions of the participant?
- This area would include: health monitoring, appointments, special diets, medical transportation, dental, vision, podiatry, oncology, dermatology, and other specialties can be included.
- Frequency of blood level checks, oxygen, etc. to be included if applicable.

## Other Identified Needs/Identified Risks/Participant Goals

- Other identified needs and risks to be included in this area.
- This area can include: Fall risk, choking risk, risk for pressure sores, Infection risk etc.
- Goals to be discussed later in this training.



# Back-up Plan Risks and Interventions

IDAPA 16.03.10.313 & IDAPA 16.03.10.317.07



# Risk Factors

IDAPA 16.03.10.317.07

317. All person-centered services must reflect the following components (*in regards to Risk Factors*):

317.07 Risk Factors to the participant as well as people around the participant and measures in place to minimize them, including individualized back-up plans and strategies when needed.

# Back-Up Plan Development

## Person-centered Planning and Service Delivery

### Service Provider

- Must have policies and procedures in place to implement and address a back-up plan for contingencies, such as emergencies, including; the failure of an employee to appear as scheduled to provide necessary services and the absence of the service presents risk to the participant's health and welfare.
- The provider must have a plan which demonstrates the capability of providing emergency back-up and relief services to cover the essential service needs within a reasonable time frame. (Additional terms 2.7)

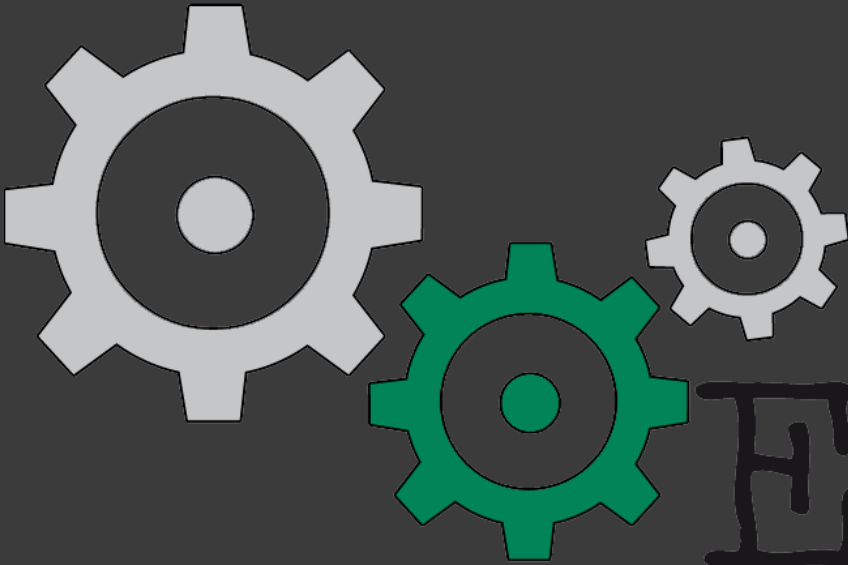
### Agency RN

- Agency RN works with the participant/representative and other parties requested by participant to identify strategies for identified risks and individualized interventions developed in the participant care plan to create a system of services and supports to appropriately address individual needs, preferences, and assure health and welfare. Community supports will be outlined in the service plan if required.

### Quality Improvement Specialist

- During provider QI reviews, the QI staff will monitor the provider's records to ensure the staff emergency back up policy is followed if applicable.
- During provider reviews and/or complaints, QIS will review provider's records to ensure; each participant file contains the individual back-up plan for the participant.

# Service Plan



Essentials

# The Essentials on Service Plans and Requirements

Service Plans and Written Plan of Care must be developed by the Registered Nurse Supervisors per Provider Additional Terms A-5.2, and meet the person-centered planning requirements described in.

*(IDAPA 16.03.10.316; 317; & IDAPA 16.03.10.328.)*

- ✓ The specific type, amount, frequency and duration of Medicaid reimbursed services to be provided.

*(IDAPA 16.03.10.328.b.i)*

- ✓ Supports and service needs that are to be met by the participant's family, friends, neighbors, volunteers, church and other community services. ‘

*(IDAPA 16.03.10.328.b.ii)*

- ✓ The providers of waiver services when known (i.e. PERS, HDM).

*(IDAPA 16.03.10.328.iii)*

# The Essentials on Service Plans and Requirements

- ✓ **The Service Plan must be based on the UAI.**  
(IDAPA16.03.10.304.01 & IDAPA 16.03.10.328.05.b.)
- ✓ **The Plan contains signatures of the participant or legal representative agreeing to the plan, and by all the individuals & providers responsible for its implementation indicating they will deliver services according the authorized plan of service.**  
(IDAPA 16.03.10.328.04.b.v ; IDAPA 16.03.10.328.05.c.vi-vii;  
& IDAPA 16.03.10 317.09-10)
- ✓ **Updated annually or when change in the participant's needs.**  
(IDAPA16.03.10.328.c)

# The Essentials on Service Plans and Requirements

- ✓ Service Plan must address the participant's Health and Safety needs and risk factors.

*(IDAPA 16.03.10.317.07)*

- ✓ The Service Plan must include goals to be addressed within the plan year.

*(IDAPA 16.03.10.328.05.c.iv)*

- ✓ The Service Plan must include activities to promote progress, maintain functional skills, or delay or prevent regression.

*(IDAPA 16.03.10.328.05.c.v)*

- ✓ The Service Plan must include back up plans and have interventions in place.


*(IDAPA 16.03.10.317.07)*

# Process At A Glance

Medicaid Nurse Reviewer conducts an Assessment. The Level of Care is determined and appropriate services are authorized *if applicable*



Agency RN develops a Service Plan with participant and others involved in the care. The Service Plan is signed by the participant/legal representative and the Agency RN



The Caregiver utilizes the service plan to guide cares/tasks to be provided in a way that meets participant's unmet needs and goals





# Goals and Outcomes

## HCBS COMPLIANCE

IDAPA 16.03.10.317.06 All person-centered service plans must reflect the following components:

317.06 Paid and Unpaid Services and Supports. Paid and unpaid services and supports that will assist the participant to achieve identified goals, and the providers of those services and supports, including natural supports

IDAPA 16.03.10.328.05.c.iv... The plan of care must include the following: ... Goals to be addressed within the plan year...

## GOALS

Client wants to be  
able to help  
prepare at least  
one meal per day

## OUTCOMES

Client is able to  
prepare a  
sandwich for  
lunch

# Training Resources

Idaho Department of Health and Welfare

◎ <http://healthandwelfare.idaho.gov/Medical/Medicaid/HomeCare/tabid/215/Default.aspx>

- Provider Information/Training
- Documentation Training Module
- Service Plan Training Module
- Significant Change Form
- Skills Matrix Training Module
- Skills Matrix Training Form
- HCBS Waiver Provider Training
- Idaho Medicaid Provider Orientation

# Additional Resources

- ◎ IDAPA:

<https://adminrules.idaho.gov/rules/current/16/0310.pdf>

- ◎ Medicaid Newsletters:

<https://www.idmedicaid.com/MedicAide%20Newsletters/Forms/All.aspx>

- ◎ Idaho Board of Nursing:

<https://ibn.boardsofnursing.org/ibn>

- ◎ Molina Portal “Reference” & “Training” Tabs:

<https://www.idmedicaid.com/Default.aspx>

# AGENCY REVIEWS



# Monthly Review

- The Quality Survey report replaces the Nurse Reviewer Home Visit Form
- The monthly report allows providers to quickly identify and remediate any deficiencies
- Reports are emailed to providers on a monthly basis

# Desk Review

- Desk review will be performed prior to the QIS coming on-site
- Providers will complete a brief online survey of review questions
- Providers will upload or fax all required documentation

# Desk Review Focus

- Client rosters
- Staff rosters with certificates, credentials and training identified
- Policies & Procedures
- Operational documentation



# On-Site Review Focus

- ◎ Participant Files
- ◎ Service Plans

# Corrective Action

- ⦿ Plans are due from the provider no later than 45 days from the date of request
- ⦿ Plans must include the Plan to correct all deficiencies and *evidence of improvement & compliance*
- ⦿ **The CAP is designed to allow providers the opportunity to identify the root cause of the deficiency, create a plan of action and implement the plan and provide evidence of improvement**

# WHAT'S NEW

- UAI and Service Plan have a new look & some new requirements
- Agency Change Forms
- Notification of Change Form
- Significant Change Form
- Fiscal Intermediary Forms & Process

Q&A

You have

Questions

We have

Answers

# Contact Information

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